FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Addr O'NEIL PAT		Person*	2. Issuer Name and Ticker or Trading Symbol <u>IONIS PHARMACEUTICALS INC</u> [IONS]	(Check	tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Official (sing title		
(Last) C/O IONIS PH	(First) ARMACEUT	(Middle) ICALS, INC.	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017	X	Officer (give title below) SVP, Legal & Gen	Other (specify below) eral Counsel	
2855 GAZELL	E COURT		4 If Amondment, Date of Original Filed (Month/Day/Mont)	C. India	idual as Jaint/Oraus Fili	an (Chaol: Applicable	
(Street) CARLSBAD	CA	92010	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	ridual or Joint/Group Fili Form filed by One Re Form filed by More th Person	porting Person	
(City)	(State)	(Zip)		1			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	tr. 3) 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	03/01/2017	03/01/2017	M ⁽¹⁾		500 ⁽¹⁾	A	\$10.82	12,949	D	
Common Stock	03/01/2017	03/01/2017	S ⁽¹⁾		500 ⁽¹⁾	D	\$49.29	12,449	D	
Common Stock	03/01/2017	03/01/2017	S ⁽²⁾		1,000 ⁽²⁾	D	\$49.29 ⁽³⁾	11,449	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$10.82	03/01/2017	03/01/2017	М			500	01/02/2017	01/02/2020	Common Stock	500	\$0	3,926	D	

Explanation of Responses:

1. Acquired as a result of exercising a stock option pursuant to Rule 10b5-1 Trading Plan. The purchase and sale reported on this Form 4 was effective pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on 1/6/2017.

2. The sale reported on this Form 4 was effective pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on 1/6/2017.

3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$49.20 to \$49.32, inclusive. The reporting person undertakes to provide to Ionis Pharmaceuticals, Inc., any security holder of Ionis Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (3) on this Form 4.

Remarks:

/s/Patrick R O'Neil

03/02/2017

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.